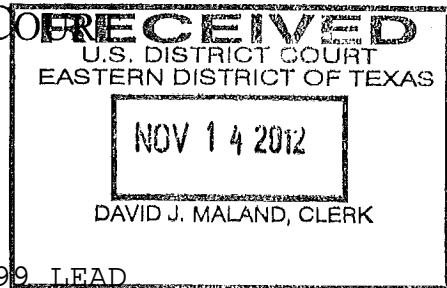


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
Eastern District of Texas



Blue Spike, LLC

Plaintiff(s)

v.

Green Bit, Inc.,

Defendant(s)

6:12CV499 LEAD

CONSOLIDATED WITH
Civil Action No. 6:12-CV-645

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Green Bit, Inc.
11350 Random Hills Rd., Suite 800
Fairfax, VA 22030

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eric M. Albritton
ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 10/31/12



CLERK OF COURT

David Maland

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-CV-645

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Green Bit, Inc.
 was received by me on *(date)* 11/05/2012 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____ , a person of suitable age and discretion who resides there,
 on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified Mail, Return Receipt Requested # 70121010000056530672

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 11/12/2012



Server's signature

April M. Hall

Printed name and title

111 West Tyler Longview, Tx. 75601

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

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Postage	\$ 5.65	0601
Certified Fee	\$2.95	01
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	LONGVIEW DOWN 201 11/01/2012
Total Postage & Fees	\$10.95	

Green Bit, Inc.

Sent To 11350 Random Hills Rd., Suite 800
 Fairfax, VA 22030
 Street, Apt.
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Danica Dickey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Danica Dickey</i></p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Green Bit, Inc. 11350 Random Hills Rd., Suite 800 Fairfax, VA 22030</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from se) 7012 1010 0000 5653 0672</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: right;">PRR</p>	

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70121010000056530672

SERVICE

Priority Mail®

STATUS OF YOUR ITEM

Delivered

DATE & TIME

November 05, 2012, 2:31 pm

LOCATION

FAIRFAX, VA 22030

FEATURES**Expected Delivery By:**
November 3, 2012
Certified Mail™
Return ReceiptNotice Left
(Business Closed)
Arrival at UnitNovember 03, 2012,
10:13 am

FAIRFAX, VA 22030

November 03, 2012, 8:17 am

FAIRFAX, VA 22030

Processed at USPS
Origin Sort Facility
Dispatched to Sort
Facility

November 03, 2012, 3:45 am

MERRIFIELD, VA 22081

November 01, 2012, 5:49 pm

LONGVIEW, TX 75601

Acceptance

November 01, 2012, 4:46 pm

LONGVIEW, TX 75601

Check on Another Item

What's your label (or receipt) number?

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